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# Memoir
## of
# George P. Cammann M. D.

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CAMMANN.—At Geneva, N. Y., on Saturday, March 29, OSWALD JOHN CAMMANN, in the 69th year of his age. 1873.

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# MEMOIR

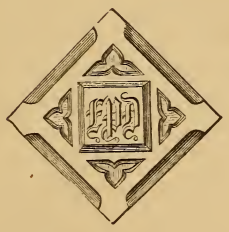
OF

# GEORGE P. CAMMANN, M. D.,

READ BEFORE THE NEW YORK ACADEMY OF MEDICINE, OCTOBER 21ST, 1863.

BY

JAMES R. LEAMING, M. D.



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# MEMOIR.

THE father of the subject of this Memoir, Charles Louis Cammann, was a native of the kingdom of Hanover, and emigrating to America in 1787, soon became a leading merchant in New York. In 1791 he married Maria Margaretta, daughter of Philip Oswald, also a native of Germany, although the daughter was born in this city.

George Philip Cammann, third son of the above, was born September 7th, 1804, on the banks of the Hudson, in what was then known as Greenwich Village, near the present line of Charlton Street.

Their beautiful suburban residence was in the immediate vicinity of Richmond Hill, of historic interest as the headquarters of Washington during a part of the time the Revolutionary army occupied New York.

On the 5th of December, 1805, when George was a little more than a year old, his father died, and left the care of a family of seven children to his widow. How

well she fulfilled her duty may be inferred from the honorable positions held by her children, as well as from their devoted affection for her during her whole life. In 1813, Mrs. Cammann removed with her family to Newark, N. J., and placed George in the Latin School of the Newark Academy.

A companion of his childhood thus writes of him at this period: "He was a lively, active boy, always busy and very mischievous; ever 'slow to wrath,' but very affectionate, and so sensitive that, even when quite a large boy, a hasty or harsh word would bring tears into his eyes; and yet he was patient and uncomplaining when suffering physical pain." An anecdote illustrating his fortitude is related of him. While fishing near a bridge, he ran a fish-hook into his lip, and went to the family physician and had it cut out, fainting three times during the operation. He concealed the occurrence from the family at home, although his lip was so much swollen and so painful that he nearly starved from inability to eat. It would ever have remained a secret, had not the physician alluded to it some time afterwards. The same unselfish heroism made him in after-life a "silent sufferer rather than mar the happiness of his family."

At the Academy, his intimate friend was Thomas Ward,—now Dr. Thomas Ward of this city, who was two

or three years his junior; and an endearing intimacy sprang up between them, lasting during Dr. Cammann's life. Much of the material concerning his schoolboy and student life was obtained from Dr. Ward. He held a respectable position in his class, more by his indomitable industry than by his aptitude in learning; for he committed to memory slowly and with difficulty. He showed great fondness for the natural sciences, especially for geology; and his room was filled with specimens which he had collected in company with his young friend during their holiday excursions.

In 1821, he entered Columbia College, where he was graduated in 1825. Of his university career we have no particular account, as Dr. Ward was at Princeton; but we are assured that as a student he was not less assiduous and conscientious than in other relations. When he first formed the resolution of studying medicine, he was told that he was too tender-hearted to perform the sterner duties of the profession; but he replied, "My nerves are strong enough to carry me through whatever it may be my duty to undertake." He commenced his medical studies in the office of Dr. Lee of Newark; but his mother and family removing to New York in 1826, he entered the office of Dr. David Hosack, at that time the acknowledged head of the profession in this city. Dr. Cammann delighted to speak of his dis-

tinguished preceptor, and related many anecdotes of him as he appeared in the sick-room. No one was ever more master of the situation at the bedside, or commanded more respect by his presence, than did Dr. Hosack; and his acquaintance with pathological changes through the rational signs was really wonderful; but when he approached complicated affections of the chest, he would shake his head and say, "There is a mass of disease here." To him, physical diagnosis was as yet a sealed book.

Dr. Cammann also entered his name as a student in the Rutger's Medical College, then just opened in Duane Street. Here he took his degree of M. D. in 1828; and during the ensuing summer he sailed for Europe, to avail himself of the superior advantages which Paris afforded the medical student. He took up his abode in the Latin Quarter, devoting himself to the lectures and hospitals during the daytime, and to private classes in the evenings. He was a constant and enthusiastic attendant at the clinical lectures of Louis, who was at that time the great teacher of physical diagnosis. Laennec had but just passed off the stage, after publishing the last edition of his great work on Diseases of the Chest. Auscultation, as a science, was scarcely ten years old; it was as yet a new revelation; and it is no wonder that it excited the most intense enthusiasm in

its youthful devotee, who had already shown marvellous acuteness in distinguishing and analyzing sound.

Louis lectured at clinic in Latin, describing the phenomena of disease, and calling upon each of the students in attendance to make himself practically acquainted with the physical signs in the subject before him, and, in hopeless cases of advanced phthisis, marking out on the chest the position and extent of structural change, which post-mortem examinations uniformly verified.

He was thus diligently pursuing his studies, and had already made great proficiency in knowledge, as well as in the special education of the ear, when the Revolution of 1830 broke out. He and about forty other Americans at that time sojourning in Paris volunteered their services to Lafayette, who promised, if they were needed, to give them a post of honor. They were not called upon further; but the students of medicine had the advantage of seeing a variety of gun-shot wounds in the hospitals.

During the vacations, in company with Dr. Ward, who was still his fellow-student and intimate friend, he made several tours of observation through Italy, Switzerland, and Great Britain; and it was during one of these excursions that he received the injury which, in his opinion, damaged his heart, and was finally the cause of his death. For more than thirty years his consciousness of the serious effect of this accident remained a secret in

his bosom. It occurred in this manner: They were crossing the Alps on pack-mules, when, in a narrow path beside a precipice, another train of mules appeared. To pass was impossible, and the Doctor, perceiving that his animal was preparing to turn, jumped off to avoid being swung over the chasm, and was crushed against the rock. For a moment he suffered intensely from a sense of suffocation, and for several days he had pain and soreness in the region of the heart. He made no complaint at the time, but proceeded on his journey; and Dr. Ward does not even remember the occurrence. When asked, during my first visit to him in his last illness, if he could account for the heart-symptoms which had so long annoyed him, he related this incident, and said he knew of no other cause, having since then felt palpitation and dyspnœa during active exercise or when under excitement.

In the autumn of 1830 he returned to his native city, placed his sign upon the basement of his mother's house in Bond Street, and entered upon the duties of his profession. In 1831 he was appointed one of the attending physicians at the Northern Dispensary. This was before the classification of diseases in the Dispensary; and each physician not only attended patients at the Institution, but visited those who were too ill to leave their own homes.

In 1833 he was married to Anna Catherine, daughter of Mr. Jacob Lorillard, and commenced housekeeping in Macdougal Street. In 1835 he removed to the house known as the Lorillard Homestead, corner of Laight and Hudson Streets. About the same time, through the influence of his friend Mrs. Bethune, he was appointed physician to the Bloomingdale Orphan Asylum, and performed the duties of the office for many years afterwards.

It was in 1838, at the recommendation of Dr. W. Clay Wallace and Dr. Cammann, that the present system of classifying diseases and appointing special physicians to each class was adopted by the trustees of the Northern Dispensary. As this is an interesting fact in the history of the dispensaries of the city, it will not be out of place to give the classification and the names of the physicians appointed during the first two years, or until the system was in successful operation.

1838.

| | |
|---|---|
| Surgery..... | R. W. Cairnes, M. D. |
| Heart and Lungs... | G. P. Cammann, M. D.<br>J. H. Borrowe, M. D. |
| Head and Abdomen | Alex. Elder, M. D.<br>W. Steele, M. D. |
| Eye and Ear.. .... | W. Clay Wallace, M. D.<br>W. N. Blakeman, M. D. |
| Skin..... | A. N. Gunn, M. D. |
| Women and Children | Edward Earle, M. D. |

The next year the system went into full operation with two physicians to each class.

1839.

| | |
|---|---|
| Surgery..... | R. W. Cairnes, M. D.<br>Alonzo Clark, M. D. |
| Heart and Lungs... | G. P. Cammann, M. D.<br>J. H. Borrowe, M. D. |
| Head and Abdomen | W. Steele, M. D.<br>J. H. McVickar, M. D. |
| Eye and Ear..... | W. C. Wallace, M. D.<br>W. N. Blakeman, M. D. |
| Skin..... .... | A. N. Gunn, M. D.<br>J. W. G. Clements, M. D. |
| Women and Children | Edward Earle, M. D.<br>H. Lott, M. D. |

This plan gave great efficiency to the Northern Dispensary, and was in time adopted by all the others.

Dr. Cammann's mind had been occupied with physical diagnosis from the commencement of his professional life; and although he attended diligently to all his duties, yet his constant and favorite study continued to be auscultation and percussion. He was the first to introduce this new method of investigation in New York as a special study; and he did it in his own quiet way among the circle of young physicians in which he moved.

According to Dr. E. B. Warner, who has so long been attached to the Northern Dispensary, Dr. Cammann first conceived the idea of auscultatory percussion

while yet a student in Paris. Certain it is that it had early taken root in his mind, and in his professional experience was kept steadily in view; for he was in the habit of measuring hearts by this method while attending to his daily duties, though from his well-known modesty he was slow in giving publicity to his views.

Dr. Alonzo Clark says, that, when he returned from Europe in 1838, he found Dr. Cammann busy with the subject of cardiac mensuration, and experimenting with a variety of stethoscopes. Dr. Cammann himself assured me that he had explained his method of measuring solids within cavities to several physicians of eminence, who evidently regarded it as the conceit of a visionary young man; but that Dr. Clark with ready appreciation comprehended the whole idea during the first hour of conversation on the subject, and immediately joined him in making experiments and collecting materials, — a labor in which they were also assisted by Dr. C. L. Mitchell, now of Brooklyn. The result of their united efforts was an article in the "New York Journal of Medicine and Surgery," for July, 1840, entitled, "A New Mode of ascertaining the Dimensions, Form, and Condition of Internal Organs by Percussion." The paper thus appearing under the names of the two eminent co-laborers was from the pen of Dr. Clark, — Dr. Mitchell's services being acknowledged in a foot-note. It was favorably

noticed, and copied in whole or in part, by several of the more prominent medical journals and reviews of that period. The "New Mode" was accepted as a valuable discovery and a real advance in medical science; for though Laennec, it is said, was aware of the value of accurate cardiac mensuration in the living subject, he died without discovering any method by which it could be accomplished.

As a means of diagnosis of the condition of organs hidden away in cavities, which, when diseased, may become hypertrophied or atrophied or changed in form, or in determining the size, shape, and connections of tumors or abnormal growths, this method stands alone; no other approaches it in diagnostic value, either to the physician or surgeon.

If Dr. Cammann had done nothing more than he has done in originating and maturing so valuable a contribution to the healing art, he would still have left a name prominent among medical discoverers.

He next appeared before the public in 1848, in an article which may be found in the "New York Journal of Medicine," entitled "Experiments to prove that the Capillaries of the Lungs do not anastomose." This, like the former discovery, was the result of *a priori* reasoning; the experiments demonstrating the fact were *post hoc*. The minute anatomy of the lung was by no

means clearly established. Malpighi, who was the first to prove that the blood-vessels and air-tubes do not communicate, and also to describe with a degree of accuracy the minute anatomy of the lung as "an almost infinite number of orbicular and sinuous vesicles," declares that "these vesicles communicate with the trachea and with each other." Willis dissented from the views of Malpighi: "These vesicular passages," he says, "have, as it were, little bladders growing thick upon them, and the heap of cells, therefore, bears a resemblance to a bunch of grapes"; which, "although they touch each other and seem to cleave together, yet are not connected with one another, but are bounded by their own walls." They also differed in regard to their ideas of capillary anastomosis; but the generally received opinion was, that it was abundant. Soemmering, Reisseisen, Magendie, and Marshall Hall have put forth conflicting theories on the same subject.

Dr. Cammann's article commences by saying: "As it is still a question among anatomists whether the pulmonary capillaries do or do not anastomose, the following experiments may not be without their value." These experiments unquestionably prove that there is no anastomosis between the capillaries of the different lobules or even lobulettes. The *rete mirabile* of each portion of

the true respiratory system has connection with its own terminal artery, and with no other. Before making the experiments, Dr. Cammann reasoned thus: "If it be true, as some anatomists teach, that the anastomosis of the arteries is greater in the lung than in other parts of the body, why does not every case of hæmoptysis prove certainly fatal? Again: what prevents the occurrence of exhausting hemorrhage where there are abscesses or excavations in the lungs, surrounded by perfectly healthy structure, without even the intervention of false membrane? How can lobular pneumonia, or gangrene of the lung, be explained under that theory?" At the close of the article he says, "We have thus demonstrated how, by being composed of an aggregate of isolated portions, the lungs are protected from the extension of disease; and how, but for this safeguard of nature, organs so essential to existence would be more liable to permanent injury where a portion of their tissue is incapable of performing its functions."

During all this time Dr. Cammann had been laboriously employed in clinical study and in teaching at the class of chest-diseases of the Northern Dispensary. He carefully noted each morbid sign, and during his leisure moments reasoned upon its significance and value in diagnosis. His own disease, preventing him from sleep-

ing in the latter part of the night, directed his attention powerfully to all the signs of cardiac affections. The silent hours were spent in profitable meditation on the derangements, organic and functional, of that monitor within his own breast, which constantly warned him that his days and nights of labor might at any moment be brought to a sudden close.

The public, but more especially his intimate professional friends, appreciated the value of his opinions, and he was frequently called in consultation in difficult and obscure cases. Dr. F. U. Johnston is said to have remarked of him: "There is one man whose retiring modesty prevents him from being known as well as he should be in this community, but who is really head and shoulders above us all in his speciality, and is, besides, one of our best practitioners." Dr. Johnston's well-known standing in the profession, with his reputation for discriminating judgment and clear common sense, gives weight to this opinion; and I venture to say that a majority of those who knew Dr. Cammann will entirely coincide with Dr. Johnston's appreciation of him.

It was at the Northern Dispensary that the double stethoscope bearing his name was perfected. In 1852, Dr. H. W. Brown having shown one of Marsh's patent double stethoscopes to Dr. Cammann, the latter observed that the principle was not new, for he had one in his

possession sent to him from Europe, which had one sound-collecting cup and two ear-cups, and was intended for two persons to hear the same sound at the same time ;* that he believed a really valuable instrument could be formed involving the binaural principle ; and as Marsh had patented his imperfect one, thereby debarring many from its use, it would be a public benefit to perfect an instrument and give it freely to the profession. With the assistance of Drs. H. W. Brown and C. P. Tucker, after some time and at considerable expense, he succeeded in perfecting an instrument, which, by common consent, is considered the best yet devised for the purpose intended. Notwithstanding Dr. Cammann never placed his name upon the instrument (that was done by the maker), nor called it Cammann's Stethoscope, he has received more mention abroad in connection with the double self-adjusting stethoscope than from his real discoveries. He, in fact, considered

* This I suppose to be the polystethoscope of M. Landensy of Paris, constructed in 1850. Dr. Leared exhibited in the World's Fair of 1851 a binaural stethoscope, and Dr. Williams was in the habit of using one in his class many years before ; but they were not self-adjusting, and required three hands to use them. This adjustment with the ear-knobs, and the arms of the metal tubes, a beautiful piece of mechanism which renders the binaural principle applicable and practical, is the work of Dr. Cammann.

the subject of comparatively slight importance, having pursued it chiefly as a pastime. The instrument is nevertheless a good one, and deserves some notice. It is intended to convey to the mind through both ears the same sound-impression, directing the whole attention to the one sensation, and producing the same effect on the mind by sound that the stereoscope does by light. The result is a clearer and more distinct idea of the object than is gained by a single impression. In cases of difficult diagnosis the instrument is invaluable; but as it would injure the eye to be always looking through the stereoscope, so also the ear loses its delicacy by the too frequent use of the double stethoscope. Dr. Cammann soon became aware of the effect of its constant use, and laid it aside for occasional cases only.

In 1852, Dr. Cammann removed from Laight to Fourteenth Street. For several years he had been in the habit of spending his summers at his country-seat at Fordham, and of coming to town every morning to attend to his professional duties. The Demilt Dispensary was just organized, and he received the appointment to the class of chest-diseases. This gave him dispensary duty six days of the week; and the labor proving too severe a tax upon his strength, he grew ill. With great reluctance he gave up his class at the Northern Dispensary, with which he had been connected for

twenty-eight years, and was immediately elected consulting physician.

In 1859, he gave up his residence in the city and removed permanently to Fordham, still coming in every morning to attend to his duties, and returning in the evening. His mother was still living in Brooklyn, and his filial devotion would not permit him to be far from her. On this account he had for many years confined himself to the vicinity of New York, and it was his habit to make her regular and frequent visits. At length, on the 15th of April, 1862, death released her from the infirmities of age. This event had a sensible effect upon him; it removed one of the objects of his watchful attention, and loosened one of the ties that bound him to earth. Still, he relaxed none of his energy in the performance of his duties, and was as prompt at his office and at the Dispensary as ever. Yet a sadness weighed upon him which was noticed by his family. Mrs. Cammann inquired the cause, and, at her earnest solicitation, he admitted that he was not well. On the evening following this confession, upon returning from town, he handed her two papers, saying, "Here you have my whole heart." Extracts from these papers were read before the Academy of Medicine with the account of his last illness and post-mortem examination. They were evidently intended

for private consolation, but they do so much honor to his head as well as his heart, that I have obtained permission to present them.

The first paper is dated June, 1861, and is as follows : —

" I have had for many years the conviction that my heart was damaged, from repeated oppression and palpitation under excitement. This view of my condition has been confirmed from the gradual increase of these symptoms ; and now the frequent pain and constriction at the heart almost equal in severity *angina pectoris*. As additional and positive evidence, I have for one and a half years distinctly heard, when in a recumbent position, an intense, prolonged diastolic murmur of high pitch, and for the last six months a slight systolic ; since a few months the diastolic has so increased in loudness, that I even hear it when standing, being of a buzzing character, and both annoying and ominous.

" There exists, then, regurgitation through the aortic valves, from ossific deposits. As the murmur is very prolonged, the deficiency is, as yet, slight. By careful regulation as to exercise, excitement, and sleep, I have thus far prevented functional derangement. My only refreshing repose is in the evening, reclining in the arm-chair, as I am wakeful and oppressed when on the bed.

" Having disciplined my mind to expect sudden

death, I look forward to the event without anxiety, as being preferable to prolonged existence with all the suffering of exhausting disease. The continued feeling of discomfort will explain my occasional irritability and quiet sadness. It is far better to be a silent sufferer than to mar the happiness of one's family by exciting their sympathy. I shall labor diligently to soothe the anguish of the unfortunate, as long as fortitude and determination of purpose defy the inroads of disease. 'He saved others; himself he cannot save.' In the spirit-world we will be taught why the mass of mankind restrict their aspirations to the satisfying of their appetites and passions, — the mystery of low ambition. We possess an inner life, reserved for the few kindred spirits who can understand and appreciate us, when the immortal mind communes with its congenial fellow, — the only true and satisfactory enjoyment in life.

"There also exists an outer life, devoted to the welfare of humanity. This will develop noble faculties, but is not in unison with our spiritual being. We are created for better purposes than to grovel here below. It requires firm resolution to perform our daily duties. After the excitement of the day has passed, we retire to our home, sick at heart, weary in spirit, and incapacitated to fulfil our domestic obligations. Our mission

on earth accomplished, we fall asleep and rest from our labors, with the inward joy of being at peace with ourselves, with the consciousness of rectitude of intention. I would not on any consideration endure the mental torture of having led an aimless life,—no, not even if annihilation were our certain doom. Life—Death—Life again. Whither do we go? To Eternity!"

The second paper bears no date, but probably was written subsequently to the first.

"Should I die suddenly (as is probable), organic disease of the valves of the heart will be the cause. There is regurgitation through the aortic valve. I anticipate the result without apprehension, and have long disciplined my mind to view the event calmly. . . . . I adore the Being who conceived this mysterious Universe. I submit with awe to His wondrous power, assured that all must prove right, though I understand it not.

"Other refuge have I none,
Rests my helpless soul on Thee;
Overshadow'd by Thy wing,
Let me to Thy bosom flee.

"I have been daily thankful for the blessings I have enjoyed. They have far exceeded my deserts. My wants have been few, my tastes simple. I am satisfied that my fellow-man has received benefit from my professional services, which have been freely rendered to those whom

misfortune has prostrated, and to whom poverty has added poignancy to disease. Most of my excitement has arisen from the miseries of life, for which I am thankful, as it has weaned me from the world, and shown me its nothingness." . . . .

What a picture does this give us of this self-sacrificing, noble-hearted man! It is sublime in its unselfish heroism, and affords the key to his life. From the time when, on that Alpine precipice, he received the injury that damaged his heart, he trod the narrow path of life beside the precipice of eternity. He never went to his morning labor without feeling that it might be his last. He never lay down upon his bed without feeling that he might not rise from it again. Sudden death was ever present to his mind, and his daily walk and conversation were in preparation for that event. Perhaps this is why he had no enemies; for he never met a friend without thinking he might never see him again. He speaks of occasional irritability, but no one but himself ever observed it.

Mrs. Cammann could not believe that his diagnosis was correct; she thought that long and too intense study had rendered him nervous on the subject of disease of the heart, and she so expressed herself. He apparently coincided in her opinion, and resumed his usual manner.

On the 30th of January, 1863, he found himself seriously ill. He had recently been much engaged in professional duties, and the day before had passed several hours with damp feet. He felt chilly, and, upon reaching home in the afternoon, had a rigor, and went immediately to bed. As he seemed no better on the Sunday following, Mrs. Cammann called in Dr. Peugnet, who detected decided symptoms of pneumonia, with more or less of fever and nausea. On auscultation, the respiratory murmur was found obscured over the middle lobe of the right lung, accompanied with fine crepitant *râle*, but was distinct over the upper and lower lobes; dulness on percussion was slightly marked over the middle lobe. There was a loud diastolic murmur, and a slight systolic one at the base of the heart. When his attention was called to it, he observed that he had had it a number of years.

On Thursday, February 5th, Drs. Peugnet and Leaming saw him together, and found the heart laboring, and occasionally intermitting. There was a soft systolic murmur over the aortic valve, and a prolonged diastolic one of high pitch. The inflammatory symptoms showed no abatement for several days; but, on the 13th, the attending physicians reported a decided improvement in both rational and physical signs: the patient could lie on the right side, which he could not

do before, and the paroxisms of coughing, which had been violent, had nearly disappeared. The following is extracted from a paper read before the Academy of Medicine immediately after his death: —

"Saturday, February 14th, 8½ A. M. Dr. Leaming found him in his arm-chair; had spent a comfortable night, although he had not slept much; his cough had ceased to annoy him; he spoke of his rapid improvement, and said he would not trouble the Doctor to come up again, unless he grew worse.

"9½ A. M. Had eaten a hearty breakfast; and, after standing before the fire, he walked into his bedchamber, with Mrs. Cammann by his side, speaking pleasantly of his ability to run, and lay down on the bed. While Mrs. Cammann was closing the blinds, he suddenly called to her to throw open the windows, for he could not breathe. Dr. Peugnet was called in haste, and found him pulseless, gasping, heart contracting feebly, only a slight impulse in the carotids. He died calmly at 10 A. M."

Thus passed away suddenly, but gently as he had lived, one of the ornaments of our profession. Henceforth his name must be pronounced with those of Bard, of Hosack, and of Francis, — honored and beloved physicians, of whom New York is justly proud.

A post-mortem examination, made on Monday, February 16th, at 1 P. M., by Dr. Peugnet, at which notes were taken by Dr. Leaming, verified substantially the diagnosis previously prepared by himself.

It may be asked, What was the cause of death? And we can only answer: The heart ceased to beat. Why it did not stop before, or why it did not continue to go on for years yet to come, are questions more easily asked than answered. Dr. Cammann has told us that he had for many years anticipated what finally took place. In cardiac disease, when sudden death occurs, it is always difficult to say why it should happen at that moment. Here was thickening of the base of the aortic mitral and tricuspid valves, and there was a band extending from the aortic to the mitral valves, — all appearing to have been the result of exudative inflammation and of long standing. Everywhere in this deposit were elevations, and in each elevation osseous substance was found when cut into. In one of the curtains of the aortic valve, this osseous matter and exudation extended down to the free border and rendered the valve incompetent. The band of pleuritic adhesion, together with the appearance of exudative inflammation in the cavities of the heart, give weight to his opinion that his malady was caused by injury, especially as he never had rheumatism or other inflammatory disease. It is quite cer-

tain, that, had not Dr. Cammann regulated his life in the most careful and methodical manner, functional derangements, with greater hypertrophy and probably dilatation, would have taken place at an earlier day. I have no doubt that his life was prolonged many years by the perfect system of living which he had adopted.

He has told us that he had palpitation and oppression when in the recumbent position. Did his lying down that morning determine the act of death? He was in good spirits, and feeling comparatively well when he retired to his bedchamber; in a moment afterwards he called for the windows to be thrown open; the circulation was suddenly obstructed: death commenced at the heart.

Having imperfectly related the principal incidents of the birth, life, and death of our late Fellow, I shall attempt to characterize him in his relationship to society, to the profession, to the Church, and to his family. Circumstances placed Dr. Cammann in a social circle out of which he scarcely ever cared to move. His modesty and knowledge of his disease prevented him from sharing in the gayeties and harmless pleasures of life. He frequented no large assemblies, attended no late dinner-parties, and was not unfrequently rallied on these peculiarities. Some of his intimate friends considered them eccentricities, and spoke of them among themselves as

subjects of gentle mirth ; and he never undeceived them. Since his death these occurrences have come back to their minds with vivid force ; and the harmless pleasantries, as they then appeared, seem now, when the circumstances are known, little less than cruelties. He was plain in his dress and unostentatious in all his habits of life ; his sole object being to do all the good in his power without drawing attention to himself.

As he loved his profession, he was jealous of its honor; for he believed its greatest benefits to mankind must come through the regular channel. He despised quackery and set his face against it in every possible way. A young homœopath, who was in the habit of visiting Dr. Cammann's class, and receiving, as all did, instruction and kind attentions, ventured to ask him to see a patient in consultation, stating at the same time that he was a homœopath. "Well, sir," was the reply, "then I cannot meet you." "But," said the homœopath, "see her, and give an opinion to the family, even though not in consultation; for she is very anxious to see you." "No," said the Doctor ; "but if she will place herself under the care of a regular practitioner, then I will see her." "But," said the homœopath, "is it not your duty to see her, when by so doing you may save life ?" "I will try to prove to you that it is not my duty," said the Doctor. "I believe that the prevalence of your doctrine and

practice is a great evil, and by them many lives are lost. Now, if I should go with you to see this young lady, even though not in consultation, I would give you a kind of recognition that may increase your opportunities to do evil. The interests of your individual patient are nothing in comparison with the interests of the community."

His eminence as a physician was not the result of chance. He entered into the study and practice of his profession with his whole soul; and I now claim for him, what he never thought of claiming for himself, that he was a medical genius. By patient toil and earnest thought, he kept himself in advance of the profession. In physical diagnosis, I think he never had a superior. His ear was so delicate, his clinical knowledge so extended, his sterling integrity so prominent a characteristic, that, when he announced an opinion, it was scarcely possible he could be mistaken. He seemed to have no personal ambition; if knowledge was gained and freely given to the world, he cared not who received the honor. He had an unconquerable aversion to appearing in public, or to writing, and especially to writing a formal treatise. We feel now that this determination was a misfortune, for much of his knowledge that was original and of priceless value is forever lost for the want of proper record. It was his delight, at his clinic at the

Dispensary, to unfold his ideas on particular subjects; and to those gentlemen who attended he intrusted the keeping of those thoughts and conceptions which were the result of careful examination and patient reflection. Many, scattered over different parts of the country, will call to mind their unassuming teacher, and feel that to him they owe in a great degree their power to recognize and control many of the most insidious as well as fatal forms of disease. Through nearly all of his professional life he was a member of but one Society,—that for the Relief of the Widows and Orphans of Medical Men; and of this he was President at the time of his death. During the last year, through the influence of his old and attached friend, our President, he became a member of this Academy, and commenced the preparation of a series of papers on practical subjects, which unfortunately remain unfinished.

He was a consistent Christian; but his religion, like his charity and his opinions, was never obtruded upon others. Firm and sincere in his convictions, he strove to cultivate good-will to men, and ever found one of his chief sources of happiness in assuaging the sorrows and ministering to the physical wants of the poor and afflicted. He was for many years a vestryman of Trinity Church, New York, and afterwards of St. James's Parish in Fordham.

His relations to his family are too sacred to be the subject of prolonged remark. It is sufficient to say they were of the most happy character. He was a kind and attentive husband, an indulgent father, a warm and sympathetic friend.

His loss is felt wherever he was known, and it will be a long time ere one can be found to fill the place once occupied by our late lamented Fellow.

READ BEFORE THE ALUMNI ASSOCIATION OF COLUMBIA COLLEGE, NEW YORK.

BY

HENRY J. CAMMANN, A. M.

1863.

GEORGE PHILIP CAMMANN, M. D., was born in New York on the 1st of September, 1804. His parents resided in what was then known as the village of Greenwich, in the vicinity of what is now Charlton Street. The greatest part of his early life was spent in Newark, N. J., to which place his mother removed soon after the death of her husband in 1805. In his youth he was "of a lively, active disposition, full of mischief and always busy, very affectionate and of an excellent temper." He was never considered remarkably bright in school, but always took a high stand in his classes on account of his close application and retentive memory, seldom forgetting anything that he had once thoroughly learned. When seventeen years old he entered Columbia College, and passed through the full term of four years with much credit, graduating in 1825. He had exhibited from early childhood a very decided love and preference for that profession of which he became in after-life so distinguished a member; and immediately upon leaving college entered the office of Dr. Lee, in Newark. Here he remained but a short time, and then attended the Lectures in the Rutger's Medical College in

New York: he was at the same time a student in the office of the celebrated Dr. Hosack. His love for the profession steadily increased, and for three years he gave himself up to his work with the most earnest devotion and untiring zeal. His highest ambition at this time was to prepare himself to be an able and successful practitioner; and, that he might lose no opportunity for gaining this end, he left for France in 1828, in order that he might attend the hospitals in Paris. During his stay in that city he frequented the different medical schools and hospitals during the day, and spent most of his evenings in the lecture-room of the celebrated Louis. He soon became very much interested in the sciences of auscultation and percussion, which methods of determining diseases were then just commencing to attract the notice of medical men; and, from that time, Dr. Cammann never lost his interest in these subjects.

In 1830, he returned to New York, and at once commenced the practice of medicine, his office being then in Bond Street. In 1833, he married a daughter of Jacob Lorillard, and a few years afterwards moved to the vicinity of St. John's Park, where he resided for almost twenty years. During this time his practice continually increased; and in the families which he attended he never failed to secure the confidence and respect of his patients. He was a constant attendant with his

family at St. John's Chapel, and was for many years a vestryman of Trinity Church.

In 1831, he was elected Attending Physician of the Northern Dispensary, and, after faithfully attending to his duties as such for twenty-eight years, was appointed Consulting Physician of the same in 1859. He was always very much interested in the different charitable institutions of this city, and, besides his connections with the Northern Dispensary was called upon at various times to fill the following positions: —

*Physician* to the Protestant Episcopal Orphans' Home, and afterwards

*Consulting Physician* to the same.

*Physician* to the Demilt Dispensary.

*Consulting Physician* of St. Luke's Hospital.

*Manager* of the Widows' and Orphans' Society of Medical Men.

*Vice-President* and *President* of the same.

*Fellow* of the College of Physicians and Surgeons.

*Member* of the Academy of Medicine.

From 1850 to 1859, he resided in Fourteenth Street, between the Sixth and Seventh Avenues; then, having decided to live in the country, he removed to Fordham in West Chester County, where he continued to reside up to the time of his death. During this time he came to the city regularly every day, with the exception of

Sunday, to attend to his professional duties; he never allowed anything to interfere with these, and very seldom allowed himself even a day's holiday.

During the latter part of his life he gave up the general practice of medicine, and confined himself to the study of the diseases of the heart and lungs; it was in this speciality that he reaped his highest honors.

As a practitioner he had held a very high rank in the profession, but, as a consulting physician in all diseases of the chest, he had no equal in the city, probably none in the country. This high position was willingly acceded to him by the entire faculty; and when, in the wise providence of God, he was removed from the scenes of his earthly labors, his sorrowing brethren solemnly asked of each other, "Who shall take his place?" What higher tribute could they have paid to his memory!

It is a remarkable fact that he died of the very disease he had so long studied and investigated. In a letter he left his wife, written some years ago, he thus wrote: "I shall probably die suddenly of organic disease of the valves of the heart. I anticipate the result without apprehension, having long disciplined my mind to view the event calmly." This knowledge of his own disease he had kept to himself, preferring to be a silent sufferer, rather than to mar the happiness

of his family by imparting to them his apprehensions of his death. Thus has he left us a noble example of the power of mind over body. The post-mortem examination proved his conjectures as to his disease correct in every particular. For about ten days before his death he had been confined to the house by a very severe cold, and was faithfully attended by Drs. Peugnet of Fordham, and Leaming of New York. On the morning of the 14th of February last, his physicians left him apparently much better, and he told them he should not need their services any more, as he should probably be able in a few days to be at his work again; but they had scarcely left the house, when a sudden change took place, and, in about an hour afterwards, he breathed his last. Death came upon him suddenly, as he had said it would, but it found him ready to obey the call; and, with scarce a shudder — without a groan — his spirit winged its flight to its home in Heaven. In his death we mourn the kind, sympathizing friend, the genial companion, the able adviser, the humble, consistent Christian. Medical Science has lost in him one of her ablest sons, — one who, by his wonderful skill and unwearying assiduity, has largely contributed to her success, her reputation, and the accomplishing of her benevolent aims.

He has left behind him a wide circle of friends to

mourn his loss; but by none will his death be more keenly felt than by those whose bodily sufferings are aggravated by the sting of poverty: the call of the poor never fell upon his ear unheeded, or uncared for. His high aim in life was, to live for others, not alone for self; and when he was called upon to administer to the sufferings of his fellow-men, he never stopped to ask whether the patient were rich or poor, high or low: it was enough that his services were needed; and all alike shared the benefit of his skill in arresting and alleviating the inroads of disease. He was, in every sense of the word, "The Friend of the Poor."

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